

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/735,340
	Filing Date	December 12, 2003
	First Named Inventor	Adam GOLD
	Art Unit	3734
	Examiner Name	M. Mendoza
	Attorney Docket Number	506512002100

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 25226

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)     | <input type="checkbox"/> 10.40(b)(3)      | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv)        |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)      | <input type="checkbox"/> 10.40(c)(3)            |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)     | <input type="checkbox"/> 10.40(c)(6)      | Please explain below:                           |

#### Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

The practitioners have been discharged by the assignee/client. The assignee/client has requested transfer.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS**

**Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.**

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

**OR**

B. ☒ Inventor or Assignee Name **Novare Surgical Systems, Inc.**

Address **10440A Bubb Road**

City **Cupertino** State **CA** Zip **95014** Country **US**

Telephone \_\_\_\_\_ Email **kbertsch@novaresurgical.com**

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature \_\_\_\_\_

Name **Mika Mayer**

Registration No. **47,777**

Address **Morrison & Foerster LLP  
755 Page Mill Road**

City **Palo Alto** State **CA** Zip **94304-1018** Country **US**

Date **February 11, 2011** Telephone No. **(650) 813-4298**

**NOTE: Withdrawal is effective when approved rather than when received.**